



Dennis C. Moss

Miami-Dade County Commissioner, District 9
Mom And Pop Small Business Grant Program

Application

Submit 1 original completed application with requested documents.

We suggest you keep a copy for your records.

Attention Business Owners

Mom and Pop Small Business Grant Program For Miami-Dade County District 9

Grant Money Available! Up to \$5,000 Per Business

Applications available
February 16, 2015 through March 5, 2015

PICK UP APPLICATIONS AT:
Commissioner Dennis C. Moss's District Office
Attn: Miriam Gonzalez

District North Office
10710 SW 211 Street, Suite 206
Miami, FL 33189
Phone: 305-234-4938

District South Office
1634 NW 6 Avenue
Florida City, FL 33034
Phone 305-245-4420

Applications online February 16, 2015 at www.miamidade.gov/district09

**There will be an information workshop explaining the application and
requirements held on March 5, 2015, 6:00 p.m. at the South Dade
Regional Library at 10750 SW 211 Street
Please be on time!**

Completed applications will be accepted from March 6 – March 13, by 4:30 pm
Hand deliver application to District North Office, 10710 SW 211 St., Suite 206
No late applications will be accepted!

For additional information contact: Alice Townsend 305-756-0605
Neighbors And Neighbors Association (NANA)

Submit 1 original completed application with requested documents

We suggest you keep a copy also, for your records!

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MOM AND POP SMALL BUSINESS GRANT PROGRAM

Brief Description

The Miami Dade County Mom And Pop Small Business Grant Program was created in 1999 to provide financial and technical assistance to selected small businesses that are approved for funding. This program has allowed small owned and operated businesses the opportunity to interact with local government under favorable conditions, and this relationship will ultimately bridge the gap between the two entities.

- The program provides financial assistance to further the economic viability of recipients. Funding can be used to purchase inventory/supplies, business equipment, marketing/advertising, building/business insurance, minor interior/exterior renovations, security systems, work vehicle (pick-up truck or cargo van) professional services, (CPA, business training, and events).
- Technical assistance is made available at no charge, to small businesses in order to create a better working and business environment, promote economic development opportunities, educate owners about various county-funded programs and projects, form/foster better working relationships among small business owners, retain and eventually create more jobs, offer the necessary training that small business owners so desperately need to become more efficient and competitive, etc.

The program is offered in each 13 Miami Dade County Commission District, as a result, we recognize that the needs of each district are different and our goal is to address this diversity. In order to receive the correct guidelines to be considered for funding, you must apply in the county district where your business is located. To locate your district where your business is located, please call 311 or visit www.miamidade.gov/commiss and click on "Who is my Commissioner?" enter your business address and submit. **Applications and start date for each district may differ, therefore, please be sure to pick up the appropriate application.**

Mom and Pop Small Business Grant Program Miami-Dade County

FY 2014-2015 Guidelines

Commissioner Dennis C. Moss Mom and Pop Small Business Grant Program is offering grant applications for small business owners.

- **An information meeting will be held on March 5, 2015 6:00pm at South Dade Regional Library 10750 SW 211 Street,**

All businesses must be located in District 9 and meet the following eligible criteria:

- Business must be in operation for at least 1 year.
- Must be a for-profit business.
- Cannot have more than seven (7) fulltime employees (2 part-time will count as 1 fulltime).
- Must not be part of a national chain.
- A physical address is required. No P.O Box as mailing address allowed.
- Businesses located in the NRSA (Neighborhood Revitalization Strategy Area) will be given special consideration.
- Home – base businesses can apply.

Required application procedures and attachments:

- Application must be typed or printed.
- Submit one original completed application with all required documents.
- Tax Returns for 2013 (please cut out any and all social security #'s before submitting applications).
- Submit proof that the business has been operating for at least 1 year. (example: any old License, State Corporations, Sales Tax, or utility bill), proof must be in business name (include copy only).
- Submit a current copy of Miami Dade County Business Tax receipt or paid receipt (include copy only). **If license not required by Miami-Dade County, applicant must provide written proof from Miami Dade County Tax Collector's Department.**
- Submit City License if business is located in a municipality or paid receipt (City within the County) (include copy only).
- Submit a copy of your **active** State of Florida Corporation **and/or** Fictitious Name (print copy by visiting sunbiz.org), in addition, a FEIN # must be listed on sunbiz print out if business is incorporated.
- Provide copy of picture ID (driver's license or State ID).
- Submit outside picture of business location (building, home office, or work vehicle).
- Businesses that complete job creation forms are required to create a new job. If a new job is NOT created, businesses are required to return all used funding.
- Elected officials and Government Board Appointees must get written approval stating no conflict of interest from the Miami-Dade County Commission on Ethics.
- The Selection Committee has the right to request additional information, accept, or reject any and all applications, as well as create a special pilot project.

AUTOMATIC DISQUALIFICATION:

- Businesses that relocate out of the district during the process.
- Businesses that received funding last year cannot apply.
- Applications will not be accepted after deadline.
- Non-profit agencies can not apply.
- More than one application submitted for the same owner(s), family member, or partners.

PLEASE BE AWARE OF THE FOLLOWING:**Recommended Information Meeting**

All businesses that are applying for funding can attend this meeting, which will explain the program requirements. Please be prepared to stay at least 2 hours, **all questions will be answered only at that time**. Attending the preliminary meeting does not guarantee that you will receive funding.

March 5, 2015, 6:00 p.m.

South Dade Regional Library, 10750 SW 211 Street

PLEASE BE ON TIME

If you plan to attend the meeting, please bring a copy of the application, copies may not be available.

We recommend that you do not complete the application before the above meeting.

ELIGIBLE USE OF FUNDING:

- Inventory / Supplies
- Business Equipment
- Marketing / Advertising
- Liability Insurance
- Minor Interior / Exterior Renovations
- Security System
- Work Vehicle (pick up truck or cargo van)
- Professional Services (Accounting, Business Training, and Seminars, and events)

INELIGIBLE USE OF FUNDING:

- Rent / Lease or Mortgage
- Rental Deposits
- Late Payment Fees
- Purchase of Alcohol, Tobacco or Medicine
- Salaries
- Debts
- Utility Bills
- And any and all others not listed in the eligible use above.

**FY 2014-2015
Applications Forms
Mom and Pop Small Business Grant Program**

Date: _____

A. Identifying Data

Business Name (as it appears on incorporation or sunbiz)	
Business Address	
City & Zip Code	
Business and Cell Phone #	
Email Address and Fax #	
Type of Business Operating	
President Name or Owner	
President or Owner Home Address	
City & Zip Code	
Are you Female Head of Household?	Yes <input type="checkbox"/> or No <input type="checkbox"/>
Race Ethnicity (circle one)	White Black Asian American Indian Hispanic Other _____
Family Size (circle one)	1 2 3 4 5 6 7 8 9 10 Other # _____
President or Owner Total Household Gross Income for Last Year	\$ _____

<p>Data Universal Numbering System number, known as a DUNS number are REQUIRED at the time of application please provide.</p> <p>Apply via email at: http://fedgov.dnb.com/webform/index.jsp.</p> <p>or via telephone at 1-866-705-5711</p>	<p>_____</p> <p>Print DUNS Number Here</p>
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B. Amount Requested

Funding Request Amount	\$ _____
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C. BUSINESS INFORMATION

1. Describe your Business: _____

2. What kind of goods or services your business offers to the community? _____

3. What goals do you have for your business? _____

4. Briefly describe how the funds, if awarded, will be used to help grow your business: _____

5. List the names and titles of your Management Team and their years of experience in this field:

<u>NAME</u>	<u>TITLE</u>	<u>YEARS OF EXPERIENCE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Business owners are required to provide the following information:

1. How long have you been in business? Number of years _____ months _____

2. Have you received Mom and Pop funding in the past? Yes _____ No _____
(If your answer is yes – please answer questions A, B & C below)

A. Last time you received funding _____.

B. How much did you received? \$ _____.

C. Brief explanation on how these monies helped your business. _____

3. Are you or any of the shareholders employed by Miami-Dade County?

Yes _____ No _____

If yes, what department? _____

4. Would you be willing to participate in any offered business workshop training?

Yes _____ No _____

5. If awarded the full amount allowed by the program, knowing that the funding can not be used for salaries/payroll, would you still be able to create a new job?

Yes _____ No _____

Will the new job be full-time? Yes _____ No _____

If yes, complete forms pages 11-12 and submit with the application.

E.**Current Employee Roster**

7. Number of employees? Full-time: _____ Part-time: _____ None: _____

8. Please provide the following information regarding your current employees(s) add sheets if needed:

Employee Name	Previously employed prior to hiring (Y or N)	Date of Hire	*Job Title	Full Time (FT) or Part Time (PT)	Family Household Size	**Demographics

*Job Title Officials and Managers, Technicians, Craft Works (Skilled), Labor (Unskilled), Sales Professional, Office and Clerical,
Operative (Semi-Skilled), Service Workers

**Demographics W-White B-Black A-Asian AI-American Indian H-Hispanic O-Other

I hereby certify that the information provided is true and correct. I further acknowledge that the information is subject to verification by authorized government officials.

CERTIFICATION: _____
President or Owner Signature

DATE: _____

Request for Opinion from Commission on Ethics Acquiring Financial Interest

I, _____, the owner or president of
(Owner or President Name)

_____, whose business address is
(Business Name)

_____,
(Business Address, City, State, Zip)

(Phone #) (Email)

Include a short description of the type of business operating _____

Are you currently an employee or board member of Miami Dade County? Yes___ No___

If yes, what Department or Board? _____

If yes, are you seeking to contract with Miami Dade County? Yes_____ No: _____

I am being considered for funding through the Mom and Pop Small Business Grant Program and request the clearance from the Commission on Ethics. Please review my request and forward to Neighbors And Neighbors Association, Inc. to the attention of Leroy Jones, Executive Director, 180 NW 62nd St., Miami, FL 33150 or fax (305) 756-6008. Thank you in advance for your attention to this very important matter.

Name and address of your County Commissioner

This page must be completed.

**The following pages are to
be completed and
submitted ONLY if your
business will be able to
create a new job**

AGREEMENT

FINANCIAL ASSISTANCE/TECHNICAL ASSISTANCE SERVICES FOR THE CREATION OF JOB(S)

In order to receive the various forms of financial/Technical Assistance available through NANA, businesses must enter into an Agreement to make "available" and to "document" the job creation for the benefit of low-and moderate income residents resulting from the technical assistance and/or financial assistance provided to your business.

Through this Agreement, you are committing your business operating under the name of _____ to:

- 1) make available 51% of the resulting jobs to low- and moderate-income individuals;
- 2) provide a list of the job titles of the permanent jobs expected to be created, which will be available to low/moderate-income individuals, which jobs require special skills or education, and which are part-time, if any;
- 3) provide a description of steps to be taken by your business to ensure that low- and moderate-income individuals receive first consideration for the jobs created;
- 4) maintain a list of permanent jobs filled, available to low- and moderate-income individuals, and a brief description of the hiring process; and
- 5) complete an annual report of all jobs created with names, income status, position titles, healthcare benefits, if any, and whether persons hired were unemployed at the time of hiring.

The applicant signing below understands the information in this Agreement, understands that NANA will not provide all the assistance requested by your business until this Agreement is executed.

Signature of Applicant Agreed By

Date

Duns Number-Required/Mandatory
(To obtain a DUNS #, Please call 1-866-705-5711)

Leroy Jones, Neighbors And Neighbors Association, Inc.

Date

JOB COMPLIANCE FORM**STATE OF FLORIDA)****COUNTY OF MIAMI-DADE)**

Being duly sworn, on my oath declares: That, I, _____ agree to create one new full-time or part-time job for a low to moderate income person if awarded the maximum amount under the Mom And Pop Small Business Grant Program within six months of my receipt of such award. If I fail to create the required new job within the agreed upon time period I will be in non-compliance and will be required to pay the entire amount of the grant back to Miami-Dade County.

IN WITNESS WHEREOF, I, _____, the undersigned Owner of _____, have signed this **JOB COMPLIANCE FORM** on this _____ day of _____, 2015, and acknowledged the same to be my act.

The foregoing instrument was acknowledged before me this _____ day of _____, 2015 by _____, who personally appeared
Signature

before me at the time of notarization, and who is personally known to me or who produced a FLORIDA DRIVER'S LICENSE as identification.

NOTARY PUBLIC:

SIGN: _____

PRINT: _____

STATE OF FLORIDA AT LARGE

APPLICATION CHECKLIST

ALL DOCUMENTS MUST BE INCLUDED

- One original completed application with attachments.
- Provide proof that the business has been operating for at least 1year (Example: any old license, state corporations, sales tax, or utility bill) or any legal document Proof must be in business name (include copy only).
- Copy of the Miami-Dade County: Local business Tax Receipt (Occupational License) or Paid Receipt. **If license not required by Miami-Dade County please provide written proof from Miami Dade County Tax Collector's Department.**
- Copy of the City License if business is located in a municipality (City within the County).
- Submit a copy of your active State of Florida Corporation and/or Fictitious Name from sunbiz.org if incorporated. FEI/EIN # must be listed on State of Florida print out.
- Picture ID (Driver's License or Florida ID)
- Picture of business location (building, home office or work vehicle)
- Tax Returns for 2013 (please cut out any and all social security #'s before submitting applications).
- **If applicable**, Elected officials and Government Board Appointees must get written approval stating no conflict of interest from Miami-Dade County Commission on Ethics.
- **If applicable**, enclose completed new job creation agreement and job compliance form to reimburse the funding if a new job is not created, within six (6) months after receiving funding.

Additional information may be requested to determine application eligibility.

My signature below indicates that I have read this document and fully understand its contents.

The information submitted on this document is true to the best of my knowledge.

Signature

Date